HMA

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Laguna Honda Hospital and Rehabilitation Center Focus Group Report

March 10, 2023

Table of Contents

"We hope we are doing the right thing, but we don't know."

INTRODUCTION

Health Management Associates (HMA) was engaged by Laguna Honda Hospital (LHH) to conduct seven focus group sessions from February 27 through March 1, 2023, to assess staff training and education needs to care for people with behavioral health (BH) needs, including both mental health (MH) and substance use disorders (SUD). Throughout the report, unless referring to a specific condition, BH will include MH and SUD. Each focus group session was about 90 minutes in length. Sessions were conducted on-site during shift change to ensure participation across all three shifts. Focus group sessions were conducted by three HMA experts with extensive backgrounds in BH, clinical nursing home operations, and education. Focus group participants consisted of direct care staff: CNA/PCA, RN/LVN, Nurse Managers/Directors, Activity Therapists, and Social Workers. The longevity of LHH staff tenure represented in focus groups ranged from over 20 years to less than eight months, providing valuable insight into types of education and training received during orientation and onboarding, offered regularly in the past, and current offerings. ***The purpose of the focus group interviews was to identify staff knowledge gaps and identify training needs necessary to care for the changing resident population of LHH with BH conditions safely and effectively.***

The HMA team would like to thank the LHH leadership for their collaboration in creating a safe space for the focus group participants. We would also like to thank the participants for their willingness to engage in a frank discussion, offering valuable insights about the tools needed for success.

Approach

HMA developed a Focus Group Interview Guide to facilitate the use of consistent topics, questioning, and data gathering at each session (See Appendix C). This guide contained direct questions and resident scenarios to help identify knowledge gaps and training needs. Staff was asked to complete an anonymous role-based competency self-assessment tool at the beginning of the session and prior to the resident-based interview scenarios (See Appendices D-E). In addition, a second anonymous questionnaire asking each participant to identify three or more BH and SUD training needs (that should be provided or provided more frequently than currently provided) was completed at the end of the session. (See Appendix F).

At the start of each focus group session, participants were reminded of the following:

1. The purpose of the focus group sessions and that any information they shared would be anonymized to the best of our ability.
2. No identifying information would be shared outside of the organizers, the HMA interviewers, and the participants seated with them during the session. Reporting would only be done using aggregate data with occasional quotes.
3. Any quotes used would not be attributed to any one individual in our report, and

4. There were no "wrong answers," and the questions posed were solely to identify training and education needs in addition to identifying the preferred or optimal teaching/learning modalities.

While staff was aware of the focus group session's purpose, they offered insights into other aspects of BH care delivery at LHH. Where appropriate, these additional insights are included in a separate section of this report.

These findings are meant to inform LHH leadership of the education, training, and support needed to ensure staff can deliver effective and safe care as the care needs of LHH residents evolve. We recognize and appreciate LHH is undertaking the transformative process required to maintain certification.

Findings

Our initial, overarching focus group impression is LHH staff's unwavering commitment to residents, including those with BH conditions. Staff is aware of increasing LHH admission rates for residents with BH diagnoses and care needs, which they attributed to the changing healthcare needs of the City and County of San Francisco (CCSF). Staff expressed a high motivation to improve their knowledge and skills to best care for residents with BH conditions. This includes understanding BH diagnoses, pharmacologic and other required and appropriate treatment modalities, and the skills needed to provide safe and effective care. However, staff also expressed a need for developing and implementing a robust, comprehensive education and training program in addition to continuous support for themselves and the residents in need.

Our findings document the expressed views of focus group staff participants. We observed and heard descriptions of staff efforts to support one another. With some exceptions, we generally heard that they appreciate working as a team. Those exceptions to team functioning include racial tension among and between some staff groups – with resulting impact on effectiveness, morale, camaraderie, workplace safety, and care to residents.

Themes

"There is stigma and layers of trauma."

A consistent theme across all focus groups was the compounded trauma the LHH staff have experienced over the past four years. LHH has been locally and nationally identified by a horrific abuse scandal in 2019, followed by COVID – when they impressively had few resident infections and few deaths -- followed by decertification by the Centers for Medicare and Medicaid Services. Without these traumas being addressed, it will be difficult for staff to feel safe participating in interactive training events and be emotionally present in the needed way to effectively deliver care.

Several staff noted the ongoing negative publicity associated with LHH means they can never escape the trauma, and it impacts all areas of their lives. Family, friends, and outside acquaintances often ask questions about the LHH information they see in the news.

> *"There is stigma and layers of trauma."*
>
> *"We never healed from the abuse scandal; EAP never showed up."*
>
> *"Staff fired, leadership left: CMO, CNO, CEO, Quality lead – all gone. We were abandoned".*

"Racial trauma is real."

Lack of Cultural Humility Exacerbates Staff and Resident Trauma

A recurring theme is the lack of cultural awareness, sensitivity, and humility in caring for African American residents, particularly African American males. They are often labeled as aggressive or associated with other stereotypes. There were reports of differential treatment of African American staff as well.

"We have "trauma periphery care" not "Trauma-Informed care" –very surface information, not deep at all."

Trauma-Informed Care

Staff recognizes the need for education for all staff on trauma. For instance, they identified that staff needs to understand that experiencing homelessness, living with BH conditions, identifying triggers that may escalate behaviors, understanding the trauma that may lead to BH conditions, and understanding the person in their environment were critical components of education.

"Current and Past Training"

Staff reported much of the training currently occurs via electronic learning modules (ELM). Before COVID, they received in-person training on crisis management, such as Stress Management and Resiliency Training (SMART) and Crisis Prevention Intervention (CPI). Recently hired staff onboarded since COVID lockdowns report not receiving these trainings. Staff with more longevity have not received refresher training since COVID lockdowns. Staff with more longevity also report some units once had counseling staff who provided services to the residents and served as a consultant to the staff on engaging residents with BH conditions. Staff reported this was incredibly helpful in providing continuing education and equipping them with the tools to provide effective care.

When asked about current BH educational offerings, they often speak of training on clinical searches of the residents, their belongings, and their immediate vicinity for illicit substances. Current educational offerings and training seemed to be focused on preventing contraband from entering the facility or finding contraband in resident rooms, such as training on performing clinical searches. Staff reported that no education and training is currently offered on:

- Engaging residents in a way that prevents escalation.
- Helping staff identify or understand why a resident may be exhibiting behaviors, and
- Supporting residents willing to reduce the use of substances.

"Adults learn by role-playing to make it real."

Onboarding

It was noted that staff employed within the last year had much of their orientation and training through ELM. Staff also verbalized there is an assumption of "what people know based on their position and level of education" rather than based on their experience and ever-changing healthcare needs. Currently, there is no onboarding staff learning needs assessment.

ELM Learning

Staff reports the current method of asynchronous online learning is not effective. They are seeking engagement and interactions with peers and experts. Due to the required volume of training, ELM modules have become a compliance exercise with post-tests designed to ensure a high pass rate resulting in a generic product.

"Online training is substandard and ineffective."

"The volume of ELMs that need to be completed results in the ELMs being treated as a task, and we don't pay attention."

The online medium is acceptable as a refresher or reminder of straightforward, unnuanced information previously taught, such as infection control and fire and life safety. New and updated information or concepts relevant to resident care, interventions, and techniques to prevent triggers for disruptive behavior are better received through interactive, engaging, in-person education sessions.

Staff Prefers In-Person Training

In every focus group, staff was vocal about the importance of in-person training to gain the knowledge and skills needed to care for individuals with BH conditions. Role-playing with scenarios in a team setting is a preferred method. Adult learners thrive on teamwork for problem-solving. Staff quotes on preferred learning methods include:

"Trainings, where we discuss scenarios together on a unit, would unify us and make us stronger."

"I don't learn by online training, most of the time, it's done for compliance, and there is no true substance to it."

"Adults learn by role-playing to make it real. Presentations, ELM, and lectures do not help us learn how to react or implement actions when situations arise; role-playing gives us that opportunity."

"Some staff are scared to break the glass in Epic."

Epic has a feature requiring users to "break the glass" to access restricted information regarding BH. Staff expressed reluctance to engage in this feature and requested training on when it is appropriate. Many staff identified training needs around care planning and communication. For instance, some staff report they "break the glass" in Epic to understand residents' BH needs and related interventions. Sometimes this information is shared in huddles. However, not all shifts have the benefit of being present at huddles with multiple disciplines, and Resident Care Team (RCT) involvement did not seem to be consistent across units. Thus, communication regarding interventions is sometimes lost.

"Let's do more than daily confiscation of contraband, 7-day searches, and 72-hour reports. We need counselors to help residents develop other ways to cope and consider substance use treatment."

While the purpose and direction of the focus groups were to identify education and training needs, this, at times, became intertwined with service delivery and thus is included in the report.

Lack of Services/Lack of Staff Understanding of Services

Staff report there was once a team that provided on-unit counseling services. This was beneficial to supporting residents living with BH conditions and served a dual role of education and consultation with staff. They also report previously having on-site mutual aid groups (for example, Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)).

"AA & NA on site would be super beneficial. Residents don't like engaging remotely."

"Quite a bit of resident bad behavior comes from boredom."

Some staff mentioned the idea of grouping residents by diagnosis. Others were concerned that if staff were not appropriately trained, this would be unsafe for residents and staff. Staff felt regardless of specialized units, counselors are needed to work with residents on anger management, SUD and to learn other coping mechanisms.

Additional Themes

Empathy

We were impressed by the staff's statements about residents, indicating a high degree of empathy. This was particularly true for CNA/PCA, Activities, and Social Workers articulated empathy more prominently. However, we could not assess if they could operationalize empathy.

Staff recognized that ineffective engagement with persons with BH conditions could result in an escalation of behaviors. They observed that this dynamic sometimes leads to the resident being removed from the unit and can further traumatize the resident; particularly for those with past attachment disruptions. They also understood this dynamic contributes to a cycle of the resident's behaviors escalating. While staff could talk through how difficult that might be for the resident, we could not ascertain what behaviors and language staff would use to show empathy to the resident leading up to or during disruption.

Staff identified that specific training is needed to care for this population and expressed the desire to have the appropriate tools to provide effective care.

Appropriate Staffing

Staff reports that units are staffed with the same number of employees regardless of the acuity or needs of the residents. Thus, units with residents with higher care needs (often MH, SUD, TBI) are not at the staffing level needed to effectively deliver care or with staff specifically trained for that population.

Floating Staff

When staff is floated into a unit that is not regularly assigned to them, it creates a challenge in understanding resident needs and care in that unit. This also impedes the ability to build a relationship between caregiver and resident. Floating staff is often a necessity in many healthcare settings. However, the lack of training for floaters on working with residents with BH needs and the inability to build trusting relationships with them was identified as a specific issue. Also, floaters must be oriented to specific units and their resident needs. This was identified as a consistent difficulty.

> *"Residents do not like training "floaters" or new staff. They say they are NOT being paid to teach new staff or floaters what to do."*

Recommendations

While LHH faces real challenges related to urgent priorities to attain recertification, sustainable change will not occur if training and education needs are not addressed. The population served at LHH requires more specialized care than most nursing homes. Staff cannot ***safely*** and ***effectively*** provide care if they are not equipped with the tools to do so, putting staff, residents, and, ultimately, ongoing compliance with CMS regulations at risk. LHH needs to work with its clinical leadership to develop coverage plans and an education schedule that accommodates a 24/7 staffing need.

1. Offer and encourage counseling and support services for Trauma/PTSD to staff on all units.

Furthermore, providing care for individuals with significant trauma can result in vicarious trauma. While offering EAP is beneficial, leadership must ensure the service occurs, occurs at times that work for all shifts, and ongoing services are provided as needed. The ongoing nature of the trauma likely requires more than one session. For the care providers to be effective in treating this population, a plan must be developed:

a) to address the trauma staff has experienced,
b) that recognizes the ongoing need to address vicarious trauma resulting from caring for individuals with significant trauma history, and
c) that provides consistent and ongoing support for staff.

2. Provide comprehensive and culturally sensitive education on cultural humility and responsiveness, including the impact of implicit bias and racism in care for residents of color.

This training is especially needed for African American residents. Diversity, Equity, Inclusion, and Belonging training for all staff, beginning with individuals in leadership positions and team leaders.

3. Develop in-person educational sessions for clinical* staff at all levels to care for residents living with BH conditions.

In addition, the impact of substance use on general health, MAT (Medication Assisted Treatment), mental health, and behavior, including treatment adherence and motivational techniques to encourage residents to seek substance use treatment. For many staff, both licensed and unlicensed staff, this is new information, and they do not feel knowledgeable about how to respond to or care for residents who exhibit agitation, exhibit physical or verbal aggression, or other behaviors that may cause disruptions in the unit. Online training is insufficient for learning how to care for residents with BH conditions. The skills and attributes required to effectively care for this population are relational and thus cannot be attained through asynchronous electronic learning. (*Clinical Staff: RNs/LVNs/ Social Workers/Activities staff/CNAs/PCAs)

LHH has many residents with Traumatic Brain Injury (TBI). In-person educational sessions for clinical staff at all levels on caring for residents living with TBI need to be developed. While individuals who have experienced TBI may exhibit behaviors like residents with other BH diagnoses, the cause, and recommended interventions may differ.

4. Provide both education and training.

Education is a broad category of systematic learning that develops understanding, critical thinking, judgment, and reasoning and consists of gaining knowledge, enhancing attributes, and developing skills. At the same time, **training** is focused on skill development for a specific job or task. Staff is asking "why" questions, wanting to understand etiology, neuropsychology changes, the effect of SUD on health (generally), appropriate medication and other treatment modalities, side effects, etc. They are asking for education on the various diagnoses and conditions residents are living with in addition to training on specific techniques, safety, and tasks associated with the duties of caring for the residents. ***This recommendation is also needed and appropriate for Traumatic Brain Injury, as mentioned above.*** This is critical to successfully caring for these populations.

5. Develop an Education & Training Advisory Committee.

The Education and Training Advisory Committee would assist in the identification and selection of education and training needs and topics, collaborate in the design of continuing education and training curricula, and serve as champions for education with the staff, in addition to managers. Aim for committee representation to include all levels of clinical and activities staff. This committee can also conduct further assessments across a wider selection of staff before determining and designing future education and training plans.

The education needs to be ongoing, with experts able to identify how the staff is implementing the skills learned and provide ongoing assessment and feedback. Additionally, as the needs of the LHH population change and evolve, education and training offerings must be adapted to meet the needs of staff (i.e., new substances of misuse that may change the risk level for residents, new psychiatric medications available, emerging evidence-based or promising practices, adapting practices to a SNF (Skilled Nursing Facility) setting, and continuous emphasis on lifelong learning to be culturally appropriate and responsive with residents and co-workers.

6. Resume SMART and CPI Training.

SMART and CPI training should be resumed as soon as possible and be provided at regular intervals.

7. Case-Based Support Group/clinical staff

While education and training are paramount, providing care to residents with significant trauma histories can result in vicarious trauma for staff that needs to be addressed. When this is not addressed, staff may face challenges in managing boundaries, examining and addressing implicit biases, and engaging in self-care that leads to a healthy work-life balance. Having a case-based "support-group" type of education scheduled regularly will allow staff to work through the emotional and relational aspects of delivering care to a population with complex needs.

9. Clarify staff policies and enhance knowledge on "Breaking the Glass."

Staff should be trained in resident records regulations and policies related to BH privacy and confidentiality information and when to "break the glass."

10. Enhance and Improve access to and availability of robust TBI and BH services for residents and support staff.

In the past, staff identified that LHH has much more support and robust services for residents with BH conditions. A few of the support services mentioned include Behavioral Emergency Response Team (BERT) team, Alcoholics Anonymous/Narcotics Anonymous or other forms of mutual aid, and an on-site psychologist.

Appendices

Appendix A: Staff Education Needs

Appendix B: Education and Training Recommendations

Appendix C: LHH Staff Focus Group Workplan

Appendix D: Self-Assessment Unlicensed

Appendix E: Self-Assessment Licensed

Appendix F: Staff Learning Questionnaire

Appendix A: Staff Education Needs

Education needs identified by staff roles are listed below. ***It is critical that trainings be adapted and developed for float staff on basic skills to effectively engage and care for residents with BH conditions.***

Review of RN/LVN Learning and Training Forms

- Addiction
- Anti-Psychotic medications
- Chemical Dependency/Dual Diagnosis
- Crisis Prevention Intervention (CPI)/TIS
- De-escalation techniques, multiple votes -
- Dementia, as a condition and caring for those with Hoarding
- Setting boundaries with residents
- Signs and symptoms of withdrawal, multiple votes
- Traumatic Brain Injury Resident Care
- Trauma and the effect on TRUST
- Understanding behavioral triggers'

Review of CNA/PCA Learning and Training Forms

BH education/training that should be given or provided more than currently provided:

- Behavioral Health Training, multiple votes
- "Contraband" - what does it look like
- De-escalation training, multiple votes
- Mental Health Training (how it is used)
- SMART TRAINING regularly
- Substance use disorder training, multiple votes

Review of Social Work Learning and Training Forms

BH education/training that should be given or provided more than currently provided:

- Behavioral de-escalation
- Cultural Competency/Humility
- Dual diagnosis (multiple votes) -
- Effect of bias and racism in the provision of care
- How trauma affects LTC and how to deal with it
- New illicit drugs and how to identify signs and symptoms of use
- Trauma-Informed Care and triggers

Top Key Learning Methods – Listed as Preferred:

- In-Person Trainings
- Role-Playing to learn content and/or skills
- Shadowing another person to learn
- Use of case studies in small group settings

- Support Groups
- Weekly or Monthly case discussions
- Learning in Small Groups that meet regularly.

Review of Nurse Managers/Directors Learning and Training Forms

BH education/training that should be given or provided more than currently provided:

- Chemical Dependency with Dual Diagnosis
- General Behavioral Health
- How to handle residents who pick/choose staff for their care
- How to care for residents who accuse staff of abuse
- Residents with Accusatory Behavior
- Substance Use – various types
- TBI w/ Addiction Withdrawal symptoms

Top Key Learning Methods – Listed as Preferred:

- In-Person Trainings
- Role-Playing to learn content and/or skills
- Shadowing another person to learn
- Use of case studies in small group settings
- Support Groups
- Weekly or Monthly case discussions
- Learning in Small Groups that meet regularly

Appendix B: Education and Training Recommendations

The training and education list is not exhaustive and are examples based on observations from the focus group interview process. Recommendations are based on LHH's current configuration. If LHH adopts specialized therapeutic milieus or other strategies to effectively care for residents living with BH conditions, training and education needs, and strategies must be adapted accordingly. Regardless of configuration, all staff will need education and training on most concepts with varying levels and depth based on role.

- Engagement with residents
- Working with the complex resident (whole-person approach)
- Motivational Interviewing
- Trauma-Informed Care
- Identifying signs of substance use disorders
- Identifying signs of mental health conditions
- Stigma related to MH and SUD
- Benefits of Medication-Assisted Treatment
- Principles of harm reduction
- Engaging in person-centered thinking and planning
- Learning safety and de-escalation strategies
- Evidence-based practices for people with BH (ex, Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT))

Appendix C: LHH Staff Focus Group Workplan

Behavioral Health Skillsets

February 22, 2023

BACKGROUND AND APPROACH

Health Management Associates (HMA) subject matter experts in mental health (MH), substance use disorder (SUD), and skilled nursing facility (SNF) operations and nursing will conduct six (6) focus groups to identify staff perceptions of knowledge opportunities and training needs to inform the development of LHH training programs to build Behavioral Health (BH), including MH/SUD skillsets. The content of the focus groups and evaluation of results will be guided by a subject matter expert panel.

To assess knowledge opportunities, HMA will conduct focus groups reflecting cohorts of clinical and non-clinical staff as follows:

- Group 1: Nurse Managers
- Group 2 and 3: RNs and LVNs
- Group 4 and 5: CNAs and HHAs
- Group 6: Social Workers/Activity Staff

FOCUS GROUP FLOW

Introduction

Thank you so much for joining us! You are an important part of the Laguna Honda improvement process. We are so grateful you took the time to be with us today. We are here because we want to learn from you the skills and training you need to work with residents who have behavioral health needs. We will use the information to guide to your leadership on how to support all LHH staff in gaining the skills needed to best provide care for residents with behavioral health needs. We want you to understand that while we will be providing information to your leadership, it will be a summary of our discussions here today. We will not attribute any of the comments or input we receive to anyone's name in this group. Remember, this is about learning- there are no wrong answers. All answers will help LHH and all of you grow.

We will open the focus group sessions with discussions about:

- Previous training staff received regarding MH/SUD
- The mode in which those trainings have been received and their effectiveness
- Competencies assessed during training and mode in which it was assessed
- Follow up on trainings on the application of new knowledge
- Their thoughts on training they believe they need to care for MH/SUD population
- What has worked from previous education and what has not

- Given LHH's role in the community, many people coming to LHH will have BH conditions. What tools and support do you need to safely and effectively care for residents with BH needs?

HMA will then utilize realistic scenarios to stimulate discussions around staff readiness and comfort level to provide care for residents with MH/SUD conditions and manage situations that may arise, including:

- Identifying potential indicators of MH and SUD,
- Maintaining safety,
- Ability to modify engagement and interactions,
- Applying appropriate interventions,
- Conflict resolution between staff/residents and between residents, and
- When and whom to reach out to for guidance when needed

At the end of the focus group session, staff will be given an anonymous tool specific to their role and discipline to provide additional feedback on their perceptions of their MH/SUD condition training needs.

SCENARIOS

Scenario 1

Residents are sitting in a common area of the unit during an activity session, playing bingo. There are 12 residents sitting at four different tables, three residents per table. Activities staff is sitting at the table by themselves, calling out BINGO numbers. An Environmental Services staff member is mopping the area in front of the nursing station while nurses pass medications down the hall. No other clinical personnel is noted near the common area at the time. Resident A was observed to be agitated, sweaty, and have dilated pupils. Resident A is sitting at one of the tables, pushes her chair back forcefully, stands up and throws her bingo card and stamper at Resident B sitting at the same table, and then screams profanities at Resident B.

Facilitators may use the following prompts depending on the flow and direction of the conversation:

Non-Licensed

- ✓ What is the first step you would take?
- ✓ Who needs to be notified?
- ✓ What might be happening with Resident A, who threw her bingo card and stamper and started screaming at resident B?

Licensed

- ✓ What do you do with this information once reported?
- ✓ What do you think might be going on for Resident A?
- ✓ Why might Resident A appear agitated, sweaty, and have dilated pupils?
- ✓ What can you do to find out more about Resident A's behavior?
- ✓ Who needs to be notified?

Scenario 1A

After an assessment is performed by the BH team, you learn that Resident A's partner had been supplying Resident A with pills (various opioids) during visits. Resident A and the partner broke off the relationship a few days prior. Resident A no longer had any pills and was beginning to feel agitated from cravings and the beginning of withdrawal symptoms. The current COVID alert on your unit is yellow.

Facilitators may use the following prompts depending on the flow and direction of the conversation:

Non-Licensed

- ✓ (Activities) What might you need to know or do when Resident A attends activities?
- ✓ How can you address Resident A about the incident?
- ✓ Who can you talk to about how to interact with Resident A?
- ✓ What can you do if you identify other behaviors?
- ✓ (CNA) What might you look for when assisting with ADLs in the resident's room?
- ✓ If you find anything, what do you do with it?

Licensed

- ✓ What is your first step once you learn this information?
- ✓ (RN/LVN) How might this impact care planning?
- ✓ Who can you reach out to for more support for Resident A?
- ✓ How can you communicate interventions from the care plan with other care team members?
- ✓ What are some steps you need to take to be sure the care plan includes BH information?
- ✓ Who do you reach out to for consultation and support?

Scenario 2

Resident B arrives from ZSFG for rehab to resume walking after being hit by a car and sustaining a hip injury after wandering in and out of traffic and hearing voices. His parents arrived at ZSFG and reported he received injectable Haldol at the local community mental health center. He missed his last appointment and had since been drinking a pint of vodka daily. He did not attend his last Medicaid recertification, and his parents are no longer able to financially or physically care for Resident B. However, they very much want to be involved in his care. The resident's psychiatric medications were resumed, and though he is not currently hearing voices, he is noted to have a very flat affect. He does not engage with staff or other residents. He is oriented x 3.

Facilitators may use the following prompts depending on the flow and direction of the conversation:

Licensed

- ✓ How do you think Resident B might feel as he transitions to the unit?
- ✓ Who should be involved in this resident's care from admission and participate in RCT meetings?
- ✓ How does this information inform the care plan?
- ✓ What steps should social services take at the time of admission?
- ✓ What steps should social services take throughout Resident B's stay?
- ✓ What do we need to do to keep the family involved?

- ✓ What do we need to consider to begin discharge planning?
- ✓ How do you work with CNA/PCA/HHA on identifying signs of decompensation?
- ✓ What are the signs of medication side effects, changes in behavior, and condition?

Scenario 2A

Resident B's parents provided some information about Resident B's baseline functioning and that he is often engaged and social when receiving the appropriate treatment and interventions. After some time on the unit, you notice that Resident B has not engaged in the unit to the extent the RCT and family were hoping. When you try to talk with him while assisting with ADLs, he does not maintain eye contact, and you note his movements appear slow and uncoordinated. You also notice pills on his nightstand.

Facilitators may use the following prompts depending on the flow and direction of the conversation:

Non-licensed

- ✓ What might be going on internally with Resident B?
- ✓ What is the first step you take?
- ✓ Who do you inform?

Licensed

- ✓ What might be going on internally with Resident B?
- ✓ What is the first action you take with this information?
- ✓ Who else should be involved in care planning?
- ✓ Who from administration should be aware?

Scenario 3

You are in a resident's room and notice a lighter and a rolled-up piece of foil when you move the mattress to change the sheets. Just as you notice this, you realize the resident has just walked into the room and noticed that you found the lighter and foil. He is standing at the doorway blocking the exit out of the room and says, "You didn't see or find anything, did you?"

Facilitators may use the following prompts depending on the flow and direction of the conversation:

Non-Licensed

- ✓ What might be going on internally with Resident C?
- ✓ What might the lighter and tin foil mean?
- ✓ What is the first thing you do?
- ✓ Who can you call for help?

Scenario 3A

Facilitators may use the following prompts depending on the flow and direction of the conversation:

Non-Licensed

The RN arrives at the room, and the resident leaves the area. You ask to speak to the RN and explain what happened and what you observed.

- ✓ What information do you need to be prepared to share with the RN?
- ✓ Where should you attempt to speak with the RN?
- ✓ Who can you speak to for guidance on safety with this resident and appropriate engagement?
- ✓ How do you learn what is in the care plan to support your work with a resident?

Licensed

- ✓ What might be going on internally with Resident C?
- ✓ What might be going on internally with the CNA who was present?
- ✓ What might the lighter and tin foil mean?
- ✓ What is the first thing you do?
- ✓ If someone reports this to you, what is your first action?
- ✓ Now that you know this information, how does it influence how you provide care to this resident?
- ✓ What does this information mean for the care plan?

Facilitator Post Work

Facilitators guide for using this chart:

1. At the conclusion of each focus group, facilitators will debrief and complete ONE report of perceived skill gaps observed for each session.
2. Do not enter any information identifying individual focus group participants, residents, actual LHH scenarios, or units.
3. The chart will be utilized to generate recommendations for opportunities for skills development.

Staff and Discipline	Skill	Perceived competency and comments
Categories of perceived competencies based on each team member's role at LHH, professional licensure, and scope of practice. 1. Need more training 2. Could use a refresher 3. Feel comfortable with the function		
Nurse Managers	Identify potential indicators of MH and SUD.	
	Maintaining personal safety.	
	Assessing competency of all unit staff on all BH skills	
	Ensuring proper releases of information to facilitate integrated care planning	
	Ensuring MH/SUD needs are integrated into care plan	
	Lead root cause analysis of incidents	

Staff and Discipline	Skill	Perceived competency and comments
	Lead debriefs of incidents	
	Collaborate with CNS and DET to develop and implement education	
	Collaborate with clinical, medical psychiatry, and social services	
	Develop and implement QI plans in identified areas of improvement	
RN/LVN	Identify potential indicators of MH and SUD	
	Maintaining personal safety	
	Identify and perform appropriate assessments	
	Modify engagement and interactions.	
	Use appropriate conflict resolution techniques to maintain staff and resident safety	
	Develop or amend care plan as appropriate	
	Apply appropriate Interventions.	
	BH med adherence and assessment of side effects and efficacy of medication/dose	
	Discharge planning	
CNA/PCAs/ Activities	Identify potential indicators of MH and SUD	
	Maintaining personal safety	
	Implementing care within care plan parameters	
	Modifying engagement	
	Identifying appropriate assessments	
	Conflict resolution/ staff and resident safety	
Social Work	Identify potential indicators of MH and SUD	
	Maintaining personal safety	
	Appropriate BH care planning	
	Modifying engagement	
	Conflict resolution/ staff and resident safety	
	Identifying appropriate assessments	
	Applying appropriate interventions	
	Discharge planning	

Appendix D: Self-Assessment Unlicensed

	A	B	C	D
1	Place a "X" or "✓" in response to each prompt below that best describes you/your knowledge or comfort level.			
2	Responses are anonymous. Reporting in the aggregate. No names on this sheet, please.			
3				
4	**Assessment**	**Need More Training**	**Could use a Refresher**	**I feel comfortable with this function**
5				
6	I feel comfortable interacting with resident with SUD/MH diagnoses			
7	I know where to find interventions for residents with SUD/MH			
8	I know how to implement interventions for residents with SUD/MH			
9	I have skills and knowledge to safely care for residents with MH/SUD			
10	I am able to use de-escalating techniques			
11	I know whom to contact when a resident is exhibiting behaviors that may need intervention			
12	Tell us what specifically you feel is needed, not mentioned above, regarding MH/SUD you believe would be necessary at LHH to safely care for those residents with MH/SUD issues:			

Appendix E: Self-Assessment Licensed

Self Assessment Tool

	A	B	C	D	E
1	Please place an "X" or ✓ mark in the box that best describes you/your knowledge or comfort level for each prompt.				
2	Responses are anonymous; reporting will be in the aggregate. No names on this form, please.				
3					
4			**Need More**	**Could Use a**	**I feel confortable**
5	**Assessment**		**Training**	**Refresher**	**w/this function**
6	I can assess residents for potential psychiatric problems				
7	I identify signs and symptoms of common psychiatric conditions (e.g. depression, schizophrenia)				
8	I can identify the names of the common antidepressant, antipsychotic, and sedative medications used with residents				
9	I am able to assess residents for risk of suicide ideology				
10	I recognize behaviors that indicate a resident may have alcohol or drug use problems				
11	Ican recognize signs and symptoms of alcohol withdrawal				
12	I can recognize signs and symptoms of drug withdrawal				
13	I can distinguish between dementia and delirium				
14	I can recognize the warning signs in residents whose behavior may escalate to aggression or dangerous behaviors				
15					
16	**Practice/Intervention competency**				
17	I can initiate appropriate nursing interventions for common psychiatric issues such as depression, psychosis, bipolar disorder				
18	I can effectively interact with residents who have mental health problems				
19	I am able to maintain a safe environment for residents on my unit who have a psychiatric condition				
20	I can effectively manage conflicts caused by residents who have mental health problems				
21	I can effectively intervene with a resident experiencing hallucinations				
22	I am able to use de-escalation techniques and crisis communication to avert aggressive behavior				
23	I plan for more time to take care of residents with psychiatric issues compared with my other residents				
24					

Appendix F: Staff Learning Questionnaire

	A	B	C	D	E	F
1	Anonymous reporting. Please no names on this form.					
2						
3	Please circle role:	RN/LVN	CNA/PCA	Social Worker	Activities Staff	
4						
5	1. Please list Behavioral Health & Substance Use Disorder training(s) that should be given or provided more often than they are currently provided.					
6	**a.**					
7						
8	**b.**					
9						
10	**c.**					
11						
12	Please select your preferred learning methods based on the prompts below. Place a "X" or a "✓" to indicate your choice.					
13						
14	**Key Learning Methods**		**Preferred**	**OK**	**Difficult for me**	**I am not sure**
15	ELM (Online Learning Platform)					
16	In-Person Trainings					
17	Hybrid Trainings: some content online/ELM with some content in-person in the same course					
18	Role-playing to learn content and/or skills					
19	Shadowing another person to learn					
20	Use of case studies					
21	Coaching by LHH "experts" or Champions					
22	Support Groups					
23	Weekly or Monthly case discussions					
24	Learning in Small Groups, that meet regularly					